

EXHIBIT E

HUDSON VALLEY HOSPITAL CENTER
1980 CROMPOND ROAD
CORTLANDT MANOR, NY 10567
TUE DEC 20, 2011 03:20 pm

WHALEN, DANIEL A
DOB: 10/19/1955
MRN#: 00002442

Male
Admit Age: 56 Years
FIN: 000000422597

Location: ED
Type: Emergency
Service: Emergency Medicine

Room/Bed: /
Reg Date/Time: TUE NOV 08, 2011 10:12 am
Client: HUDSON VALLEY HOSPITAL CENTER

PHYSICIAN/DIAGNOSIS INFORMATION

Admitting:
Admit Reason: NECK INJURY

Attending: Geller, Barry

Primary: Zarcone DO, Valerie J

Diagnosis: 723.1 CERVICALGIA

PATIENT INFORMATION

Mailing Address: PO Box 284
City, State, Zip: Putnam Valley, NY 105790284
Home Phone: (845) 528-4708

Address 2:
County: Putnam
Cell Phone:

Home Address: 411 Peekskill Hollow Rd
City, State, Zip: Putnam Valley, NY 105792702

Address 2:
County: Putnam **Phone:**

Employer: CSX TRANSPORTATION
Emp Phone:
MS: M

Occupation: CARMAN **Status: Full-Time**
Preferred Method of Contact: Home Phone
R: W

CONTACT INFORMATION

EMC: WHALEN, MARION
Home Phone: (845) 528-4708

Patient's Relation to EMC: Spouse
Cell Phone:

GUARANTOR INFORMATION

Guarantor: WHALEN, DANIEL A
Address: PO Box 284
City, State, Zip: Putnam Valley, NY 105790284
Home Phone: (845) 528-4708

DOB: 10/19/1955
Address 2:
County: Putnam
Cell Phone:

Pt's Rel to Guar: Self

Employer: CSX TRANSPORTATION
Emp Phone:

Occupation: CARMAN
Preferred Method of Contact:

Status: Full-Time

INSURANCE INFORMATION

INS#1: AETNA POS
Insured: WHALEN, DANIEL
Insured's DOB: 10/19/1955
Employer: CSX TRANSPORTATION

Policy#: W02484401201
Patient's Reltn to Insured: Self
Insured's Sex: Male
Occupation: CARMAN

Group#: 069900001000049

Insured's Status: Full-Time

INS#2:
Insured:
Insured's DOB:
Employer:

Policy#:
Patient's Reltn to Insured:
Insured's Sex:
Occupation:

Group#:

Insured's Status:

INS#3:
Insured:
Insured's DOB:
Employer:

Policy#:
Patient's Reltn to Insured:
Insured's Sex:
Occupation:

Group#:

Insured's Status:

MISCELLANEOUS

Patient Included in Facility Directory? Yes

Reg Clerk: JESSICA K

Comments: 11/08/2011 11:16:15 Comment by: KILPATRICK, JESSICA **Patient was injured on the job 11/08/2011**

PC:

Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567**Patient:** WHALEN, DANIEL A**MRN:** 00002442**FIN:** 000000422597**DOB:** 10/19/1955 **Age:** 56 years **Sex:** Male**Admit Date:** 11/08/2011**Disch. Date:** 11/08/2011**Location:** ED**Admitting Physician:****Coding Summary****Document Name:** Coding Note**Document Status:** Transcribed**Performed By:****Authenticated By:**CODING DATE: 11/10/2011 FINAL
HUDSON VALLEY HOSPITAL CENTER**ADMIT DX:**

723.1 CERVICALGIA

REASON FOR VISIT DX:**FINAL DX:****PRINCIPAL:**

847.0 NECK SPRAIN

SECONDARY:

E884.2 Accidental fall from chair

E849.9 ACCIDENTS OCCURRING IN UNSPECIFIED PLACE

E030 Unspecified Activities

E000.9 Unspecified External Cause Status

723.1 CERVICALGIA

PYMT

PROC	APC	STAT DESCRIPTION	DOCTOR NAME	DATE
99.29		Injection or infusion of other therapeutic or prophylactic substance	Maily MD, Douglas	11/08/2011

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

LEGEND: *=Abnormal C=Critical #=Interp Data (c)=Corrected L=Low H=High R=Ref Lab *=Footnote

Patient Name: WHALEN, DANIEL A**Chart Request ID:** 7637981**Print Date/Time:** 12/20/2011 15:21

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Hudson Valley Hospital Center

1980 Crompond Road
Cortlandt Manor, NY 10567

Patient: WHALEN, DANIEL A

MRN: 00002442

FIN: 000000422597

DOB: 10/19/1955 **Age:** 56 years **Sex:** Male

Admit Date: 11/08/2011

Location: ED

Admitting Physician:

Disch. Date: 11/08/2011

Coding Summary

Document Name: Coding Note

Document Status: Transcribed

Performed By:

Authenticated By:

Coded By: COHEN, KATHRYN

Date Saved: 11/10/2011 11:08 AM

Emergency Documentation

Document Name: ED Note-Nursing

Document Status: Auth (Verified)

Performed By: BALC RN,BETH 11/08/2011 12:22 EST

Authenticated By: BALC RN,BETH 11/08/2011 12:22 EST

ED Vital Signs and Pain Entered On: 11/08/2011 12:22 EST

Performed On: 11/08/2011 12:22 EST by BALC RN,BETH

Primary Pain

Primary Pain Location: Neck

0-10 Pain Scale: Yes

Primary Pain Intensity: 4

BALC RN,BETH - 11/08/2011 12:22 EST

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Patient Name: WHALEN, DANIEL A

Chart Request ID: 7637981

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BALC RN,BETH - 11/08/2011 11:07 EST

Musculoskeletal**Musculoskeletal Joint Assessment Grid**

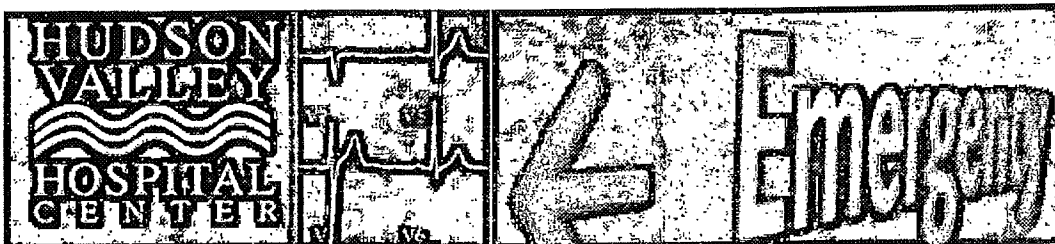
Location :	Cervical spine
Assessment :	No abnormalities
Range of Motion :	Limited motion, active
	BALC RN,BETH - 11/08/2011 11:07 EST

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Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567**Patient:** WHALEN, DANIEL A**MRN:** 00002442**FIN:** 000000422597**DOB:** 10/19/1955 **Age:** 56 years **Sex:** Male**Admit Date:** 11/08/2011**Disch. Date:** 11/08/2011**Location:** ED**Admitting Physician:****Emergency Documentation****Document Name:** ED Patient Education Note**Document Status:** Auth (Verified)**Performed By:** BALC RN,BETH 11/08/2011 12:24 EST**Authenticated By:** BALC RN,BETH 11/08/2011 12:24 EST

ED Patient Education Note



Hudson Valley Hospital Center
Emergency Department
 1980 Crompond Road
 Cortlandt Manor, New York 10567
 (914) 734-3300

name: DANIEL WHALEN**DOB:** 10/19/55**Current Date:** 11/08/11 12:24:25**MRN:** 00002442**FIN:** 000000422597**Admit Date:** 11/08/11 10:12:00**Address:** PO Box 284 Putnam Valley 105790284**Phone:** (845) 528-4708**Primary Care Provider:****Name:** Zarcone DO, Valerie J, Physician CPOE**Phone:** (845) 528-1898**Emergency Department Care Providers:****Primary Physician:**

Hudson Valley Hospital Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness (the list below only includes Cerner materials, a paperchart for EDIM materials).

Follow-up Instructions

DANIEL WHALEN has been given these follow-up instructions:

No follow up information was provided.

Patient Education Materials Follows

LEGEND:	*=Abnormal	C=Critical	#=Interp Data	(c)=Corrected	L=Low	H=High	R=Ref Lab	*=Footnote
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Patient Name: WHALEN, DANIEL A**Print Date/Time:** 12/20/2011 15:21**Chart Request ID:** 7637981

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Hudson Valley Hospital Center

1980 Crompond Road
Cortlandt Manor, NY 10567

Patient: WHALEN, DANIEL A

MRN: 00002442

FIN: 000000422597

DOB: 10/19/1955 **Age:** 56 years **Sex:** Male

Admit Date: 11/08/2011

Location: ED

Admitting Physician:

Disch. Date: 11/08/2011

Emergency Documentation

Document Name: ED Patient Education Note

Document Status: Auth (Verified)

Performed By: BALC RN,BETH 11/08/2011 12:24 EST

Authenticated By: BALC RN,BETH 11/08/2011 12:24 EST

instructions were provided.

LEGEND: *=Abnormal C=Critical #=Interp Data (c)=Corrected L=Low H=High R=Ref Lab *=Footnote

Patient Name: WHALEN, DANIEL A

Chart Request ID: 7637981

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Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567**Patient:** WHALEN, DANIEL A**MRN:** 00002442**FIN:** 000000422597**DOB:** 10/19/1955 **Age:** 56 years **Sex:** Male**Admit Date:** 11/08/2011**Disch. Date:** 11/08/2011**Location:** ED**Admitting Physician:****Emergency Documentation****Document Name:** ED Patient Education Note**Document Status:** Auth (Verified)**Performed By:** BALC RN,BETH 11/08/2011 12:24 EST**Authenticated By:** BALC RN,BETH 11/08/2011 12:24 EST**Patient Visit Summary:**

DANIEL WHALEN has been given the following list of patient education materials and follow-up instructions (the list below only includes Cerner materials, see paperchart for EDIM materials.):

Patient Education Materials:

Instructions were provided.

Follow-Up Instructions:

Follow up information was provided.

DANIEL WHALEN, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature_____
Date_____
Provider Signature_____
Date**LEGEND:** *=Abnormal C=Critical #=Interp Data (c)=Corrected L=Low H=High R=Ref Lab *=Footnote**Patient Name:** WHALEN, DANIEL A**Chart Request ID:** 7637981**Print Date/Time:** 12/20/2011 15:21

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Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567

Patient: WHALEN, DANIEL A
 MRN: 00002442
 FIN: 000000422597
 DOB: 10/19/1955 Age: 56 years Sex: Male

Admit Date: 11/08/2011
 Location: ED
 Admitting Physician:

Disch. Date: 11/08/2011

Emergency Documentation

Document Name: ED Discharge Summary
 Document Status: Auth (Verified)
 Performed By: BALC RN,BETH 11/08/2011 12:24 EST
 Authenticated By: BALC RN,BETH 11/08/2011 12:24 EST

ED Discharge Summary

Medication Reconciliation

Hudson Valley Hospital Center
 1980 Crompond Road
 Cortlandt Manor, New York 10567
 (914)734-3300

PERSON INFORMATION

Name WHALEN, DANIEL A

Age 56 Years

DOB 10/19/1955 12:00 AM

Comment:

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
BALC RN,BETH	ED Nurse	11/08/2011 10:29 AM	

MEDICAL INFORMATION

Allergy Info:
 NKDA

The following is a list of all home medications in addition to any new prescriptions you have been given. Unless otherwise indicated below, please resume all current home medications and fill any new prescriptions.

Exception:

LEGEND: *=Abnormal C=Critical #=Interp Data (c)=Corrected L=Low H=High R=Ref Lab *=Footnote

Patient Name: WHALEN, DANIEL A
 Chart Request ID: 7637981

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Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567

Patient: WHALEN, DANIEL A
 MRN: 00002442
 FIN: 000000422597
 DOB: 10/19/1955 Age: 56 years Sex: Male

Admit Date: 11/08/2011
 Location: ED
 Admitting Physician:

Disch. Date: 11/08/2011

Triage Forms

Document Name: ED Triage - Adult - Text
 Document Status: Auth (Verified)
 Performed By: RIVERA RN, GLENDA A 11/08/2011 10:21 EST
 Authenticated By: RIVERA RN, GLENDA A 11/08/2011 10:21 EST

ED Triage Adult Entered On: 11/08/2011 10:25 EST
 Performed On: 11/08/2011 10:21 EST by RIVERA RN, GLENDA A

Triage**DCP GENERIC CODE**

Tracking Group: ED Tracking Group

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Chief Complaint: C/O NECK PAIN. I CRACK IT THIS AM WHEN MY CHAIR FELL BACK

Pain Symptoms: Yes

Vital Signs Assessed: Yes

ED Condensed Treatment & Assessment: Yes

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Diagnoses(Active)

Pain

Date: 11/08/2011 ; Diagnosis Type: Reason For Visit ;
 Confirmation: Complaint of ; Clinical Dx: Pain ; Classification:
 Medical ; Clinical Service: Non-Specified ; Code: SNOMED
 CT ; Probability: 0 ; Diagnosis Code: 37361011

Primary Pain

Primary Pain Location: Neck

Primary Pain Intensity: 6

Primary Pain Time Pattern: Acute

Primary Pain Quality: Sharp

Primary Pain Onset: Sudden

Primary Pain Aggravating Factors: Movement

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Vitals/Ht/Wt

Temperature Oral: 98.2DegF(Converted to: 36.8DegC)

Peripheral Pulse Rate: 60bpm

Respiratory Rate: 18br/min

Systolic Blood Pressure: 126mmHg

Diastolic Blood Pressure: 86mmHg

SpO2: 98%

Height/Length Dosing: 177.50cm(Converted to: 5ft 10in, 5.82ft, 69.88in)

Weight Dosing: 86.360kg(Converted to: 190lb 6oz, 190.391lb)

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Assess/Tx

Level of Consciousness: Alert

Orientation: Oriented x 3

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RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

AllergiesAllergies (Active)

NKDA

Estimated Onset Date: Unspecified ; *Created By:*
Contributor_system, MULTI; *Reaction Status:* Active ;
Category: Medication ; *Substance:* NKDA**Medication List**Medication List

No Known Home Medications

RIVERA RN, GLENDA A - 11/08/2011 05:24:45 AM

General*Languages:* English*Domestic Concerns:* None**Pregnancy Status:* N/A*HIV Test Offered By Primary MD:* No*Consent To HIV Test Here:* No

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Health HxPrevious Surgery History Grid

Surgery Description:	Other: KIDNEY SURGERY 3 YEARS AGO
	RIVERA RN, GLENDA A - 11/08/2011 10:21

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Patient: WHALEN, DANIEL A
 MRN: 00002442
 FIN: 000000422597
 DOB: 10/19/1955 Age: 56 years Sex: Male

Admit Date: 11/08/2011
 Location: ED
 Admitting Physician:

Disch. Date: 11/08/2011

	EST
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Medical Devices : None

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Advance Directive

Advanced Directives : No

RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Social Habits

Tobacco Use Grid

Tobacco Use :	Current
Comments	(Comment: 1/2 PPD [RIVERA RN, GLENDA A - 11/08/2011 10:21 EST])
	RIVERA RN, GLENDA A - 11/08/2011 10:21 EST

Education Forms

Document Name: ED Education - Text
 Document Status: Auth (Verified)
 Performed By: BALC RN, BETH 11/08/2011 12:23 EST
 Authenticated By: BALC RN, BETH 11/08/2011 12:23 EST

ED Education Entered On: 11/08/2011 12:23 EST
 Performed On: 11/08/2011 12:23 EST by BALC RN, BETH

Education

ED Education Grid

Topics :	Follow-Up appointment(s), Pain management, Positioning, When to call health care provider
Individuals Taught :	Patient
Barriers to Learning :	None evident
Teaching Method :	Explanation, Printed materials
Teaching	Verbalizes

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Hudson Valley Hospital Center1980 Crompond Road
Cortlandt Manor, NY 10567**Patient:** WHALEN, DANIEL A**MRN:** 00002442**FIN:** 000000422597**DOB:** 10/19/1955 **Age:** 56 years **Sex:** Male**Admit Date:** 11/08/2011**Location:** ED**Admitting Physician:****Disch. Date:** 11/08/2011

Evaluation :	understanding
Education Referral Made To :	Primary Care Physician
	BALC RN,BETH - 11/08/2011 12:23 EST

Flowsheet DocumentationDate 11/08/2011
Time 12:22:00 PM EST11/08/2011
11:32:00 AM EST

<u>Procedure</u>		<u>Performed/Verified</u>		<u>Performed/Verified</u>
Primary Pain Location	Neck	448717		448717
Primary Pain Intensity	4	448717	5	448717
Primary Pain Intensity			5	448717
Primary Pain Intensity			5	448717

Date 11/08/2011
Time 10:21:00 AM EST

<u>Procedure</u>		<u>Performed/Verified</u>
SpO2	98	413914
Systolic Blood Pressure	126	413914
Diastolic Blood Pressure	86	413914
Primary Pain Location	Neck	413914
Primary Pain Intensity	6	413914
Primary Pain Time Pattern	Acute	413914
Primary Pain Onset	Sudden	413914
Primary Pain Quality	Sharp	413914
Primary Pain Aggravating Factors	Movement	413914
Height/Length Dosing	177.50	413914
Weight Dosing	86.360	413914
Level of Consciousness	Alert	413914
Orientation	Oriented x 3	413914
Affect/Behavior	Appropriate	413914
Respiratory Rate	18	413914
Temperature Oral	98.2	413914
Peripheral Pulse Rate	60	413914

User Name	Signature/Credentials	Begin Effective Date/Time	End Effective Date/Time
448717	BALC RN,BETH	04/25/2008 16:57 EDT	Current
413914	RIVERA RN,GLENDA A	04/23/2008 18:08 EDT	Current

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Date	Procedure	Status	Provider	Location
11/08/2011	Injection or infusion of other therapeutic or prophylactic substance	Active		
11/11/2011	Injection or infusion of other therapeutic or prophylactic substance	Active		
01/27/2009	Laparoscopy	Active		
01/27/2009	Other cystoscopy	Active		
01/27/2009	Partial nephrectomy	Active		
01/27/2009	Ureteral catheterization	Active		

Medication History**LEGEND:** *=Abnormal C=Critical #=Interp Data (c)=Corrected L=Low H=High R=Ref Lab *=Footnote**Patient Name:** WHALEN, DANIEL A**Chart Request ID:** 7637981**Print Date/Time:** 12/20/2011 15:21

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